

DSS Number:
DSS Name:

DSS-115
Rev.7/94

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES

CONFIDENTIAL SUSPECTED ABUSE/NEGLECT, DEPENDENCY OR EXPLOITATION REPORTING FORM

TYPE REPORT: ☐ Child ☐ Adult ☐ Spouse County of Report: Time Report Received:

Report Date:

Incident Date(s):

Name(s)	Age	Sex	Nature of Report

2. Current Address:
Telephone Number:

3. Directions:

4. Parent(s)/Guardian/Caretaker:
Name

Relationship

5. Other Known Household Members:

6. Describe nature/extent/causes of abuse/neglect/dependency, or exploitation. List witnesses and/or collateral contacts, previous incidents or reports. Describe behavior of adult victim and of alleged perpetrator (dangerous?)

7. Alleged Perpetrators:

Name	Relationship	Address	Telephone Number

8. Person Taking Report: Title:

9. Worker Assigned to Investigate: County: Telephone Number:
by: Family Services Office Supervisor:

10. Law Enforcement Notification sent to:

County Attorney/Commonwealth Agency

Law Enforcement Agency

10a. Law Enforcement requested to do Criminal Records Check on:

☐ Alleged Perpetrator(s)

☐ Other (specify)

Name & Relationship

11. Notification of Initial Results of CPS Investigation: (72 Hour Status Report) Date